

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: ANTISENSE COMPOUNDS, METHODS  
AND COMPOSITIONS FOR TREATING  
MMP-12 RELATED INFLAMMATORY  
DISORDERS  
Attorney Docket Number:: 1506-1032-1  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: ANDREAS  
Middle Name::  
Family Name:: DIECKMANN  
City of Residence:: BROMMA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: MARGARETELUNDSVAGEN 76

City of Mailing Address:: BROMMA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-167 36

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name::  
Family Name:: LOFBERG  
City of Residence:: DJURSHOLM  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: EKEBYVAGEN 9

City of Mailing Address:: DJURSHOLM  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-182 55

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: OLIVER  
Middle Name::  
Family Name:: VON STEIN  
City of Residence:: SPANGA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: BATSMAN STENS VAG 23

City of Mailing Address:: SPANGA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-163 41

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: PETRA  
Middle Name::  
Family Name:: VON STEIN  
City of Residence:: SPANGA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: BATSMAN STENS VAG 23

City of Mailing Address:: SPANGA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-163 41

#### **Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/407,680	9/4/02

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**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202253-1	7/18/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::